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PTO/SB/01 (12-97)

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	20076-17
	<b>First Named Inventor</b>	Michael R. TREAT, et al
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/ to be assigned
	<b>Filing Date</b>	to be assigned
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ELECTROTHERMAL INSTRUMENT FOR SEALING AND JOINING OR CUTTING TISSUE**

the specification of which *(Title of the Invention)*

☒ is attached hereto  
OR  
☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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PTO/SB/01 (12-97)

**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/035,691	03/05/1998	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Michael I. Wolfson	24,750	Morey B. Wildes	36,968
William H. Dippert	26,723		
R. Lewis Gable	22,479		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

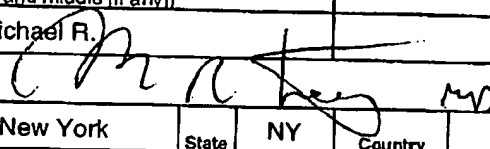
Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	William H. Dippert				
Address	Cowan, Liebowitz & Latman, P.C.				
Address	1133 Avenue of the Americas				
City	New York	State	NY	ZIP	10036-6799
Country	USA	Telephone	(212) 790-9200	Fax	(212) 575-0671

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname					
Michael R.		TREAT					
Inventor's Signature				Date	12/1/99		
Residence: City	New York	State	NY	Country	USA	Citizenship	US
Post Office Address	792 Columbus Avenue, #4E						
Post Office Address							
City	New York	State	NY	ZIP	10025	Country	USA

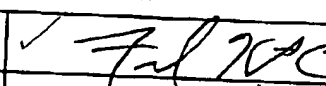
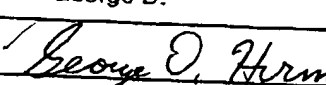
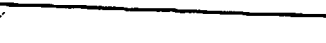
☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))										Family Name or Surname			
Fred H.										CO			
Inventor's Signature								Date		10/4/99			
Residence: City		Santa Clara		State		CA		Country		USA			
Post Office Address		622 Bucher Ave.											
Post Office Address													
City		Santa Clara		State		CA		ZIP		95051			
								Country		USA			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))										Family Name or Surname			
George D.										HERMANN			
Inventor's Signature								Date		11/23/99			
Residence: City		Portola Valley		State		CA		Country		USA			
Post Office Address		214A Grove Dr.											
Post Office Address													
City		Portola Valley		State		CA		ZIP		94028			
								Country		USA			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))										Family Name or Surname			
Thomas A.										HOWELL			
Inventor's Signature								Date					
Residence: City		Palo Alto		State		CA		Country		USA			
Post Office Address		567 Homer Ave.											
Post Office Address													
City		Palo Alto		State		CA		ZIP		94301			
								Country		USA			

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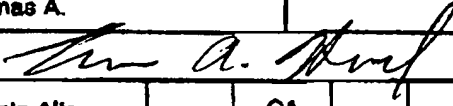


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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Fred H.		CO					
Inventor's Signature						Date	
Residence: City	Santa Clara	State	CA	Country	USA	Citizenship	US
Post Office Address	622 Bucher Ave.						
Post Office Address							
City	Santa Clara	State	CA	ZIP	95051	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
George D.		HERMANN					
Inventor's Signature						Date	
Residence: City	Portola Valley	State	CA	Country	USA	Citizenship	US
Post Office Address	214A Grove Dr.						
Post Office Address							
City	Portola Valley	State	CA	ZIP	94028	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Thomas A.		HOWELL					
Inventor's Signature						Date	12/2/99
Residence: City	Palo Alto	State	CA	Country	USA	Citizenship	US
Post Office Address	567 Homer Ave.						
Post Office Address							
City	Palo Alto	State	CA	ZIP	94301	Country	USA

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>2</u> of <u>2</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Theodore R.		KUCKLICK	
Inventor's Signature			Date
Residence: City	Los Gatos	State	CA
		Country	USA
Post Office Address	116 Las Asturias Dr.		
Post Office Address			
City	Los Gatos	State	CA
		ZIP	95032
		Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michelle Y.		MONFORT	
Inventor's Signature			Date
Residence: City	Los Gatos	State	CA
		Country	USA
Post Office Address	11835 Skyline Blvd.		
Post Office Address			
City	Los Gatos	State	CA
		ZIP	95033
		Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Kenneth H.		MOLLENAUER	
Inventor's Signature			Date
Residence: City	Saratoga	State	CA
		Country	USA
Post Office Address	22900 Congress Springs Rd.		
Post Office Address			
City	Saratoga	State	CA
		ZIP	95070
		Country	USA

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